Multiple Registrants Form



Firm/Organization/Age	ency:			
Address for All Registrants:				
Phone Number for All Registrants:				
Course Title for All Reg	istrants:			
	ble):			E C I C T D A N T C
PLEASE NOTE: IF REGISTERING FOR A WEBCAST, WEBINAR OR ON-DEMAND VIDEO, ALL REGISTRANTS MUST HAVE AN ONLINE ACCOUNT AT PBI.ORG BEFORE WE CAN PROCESS REGISTRATION.				
Registrant Name	Current Job Title (Attorney, New Attorney, Paralegal, Judicial Law Clerk or Other)	PA Attorney ID Number (if applicable)	Course Format (Webcast, Webinar, On-Demand Video, Simulcast & Location or In-Person & Location)	Price
*If registering 5 – 9 attorneys a *If registering 10+ attorneys at	t the same time you will receive	: 10% off each regist 15% off each registr	ation	
			Discounts (if applicable)*: Total:	
If paying by CREDIT CARD please return this completed form with credit card information to PBI by EMAIL: lnfo@pbi.org or FAX: 717-796-2348.				
Credit Card #:	Credit Card Expiration:			
Contact Person (Name, Phone #, Email Address):				

If paying by CHECK please return the completed form with check to:

PBI Customer Service - 3rd Party Registration

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